

GOVERNMENTAL AGENCY OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY Draft 5 03/07/06 icb Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
DECLARATION OF OBLIGOR'S INCOME DURING JUDGMENT PERIOD— PRESUMED INCOME SET ASIDE REQUEST	
CASE NUMBER: _____	

I, (name): _____ declare that:

1. I am ☐ the obligor (parent required to pay support).
☐ a representative of the local child support agency providing support services in this matter.
☐ other (specify): _____

2. On (date): _____ a Judgment Regarding Parental Obligations (form FL-630) was entered using presumed income.

3. Information concerning the obligor's income and other factors relevant to calculating the correct support for the time periods in the judgment follow:

<u>Month/Year</u>		<u>Month/Year</u>	<u>Average Monthly Income</u>	<u>Obligor's % Of Time With Children (if known)</u>	<u>Monthly Support Requested If Other Than Guideline</u>
a. _____	through	_____	\$ _____	_____	\$ _____
b. _____	through	_____	\$ _____	_____	\$ _____
c. _____	through	_____	\$ _____	_____	\$ _____
d. _____	through	_____	\$ _____	_____	\$ _____
e. _____	through	_____	\$ _____	_____	\$ _____
f. _____	through	_____	\$ _____	_____	\$ _____
g. _____	through	_____	\$ _____	_____	\$ _____
h. _____	through	_____	\$ _____	_____	\$ _____
i. _____	through	_____	\$ _____	_____	\$ _____

4. ☐ Additional information regarding the obligor's actual income is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
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